

Support Bulletin-7

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	25X1A9a Mr. [REDACTED]		
2	Special Assistant to the DDS 7D-10, Headquarters		
3			
4			
5			
6			
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input checked="" type="checkbox"/>	INFORMATION
<input type="checkbox"/>		<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>		<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>		<input type="checkbox"/>	RETURN
<input type="checkbox"/>		<input type="checkbox"/>	SIGNATURE
Remarks: 25X1A9a Mr. [REDACTED] Forwarded per your request for articles to be included in Support Bulletin. 1) Office Claustrophobia? 2) Emergencies?			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
25X1A9a [REDACTED] for [REDACTED], Chief, Records Admin. Br. SSS		25 July 6	
<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET

FORM NO.
1-67

237

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(40)